

# UNITED STATES DISTRICT COURT

for the  
District of Minnesota

United States of America  
v.

Diane L. Kroupa

*Defendant*

Case No. CR 16-84 (2) WMW/JSM

## AMENDED ARREST WARRANT

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay  
(name of person to be arrested) Diane L. Kroupa,  
who is accused of an offense or violation based on the following document filed with the court:

☒ Indictment      Superseding Indictment      Information      Superseding Information      Complaint  
Probation Violation Petition      Supervised Release Violation Petition      Violation Notice      Order of the Court

This offense is briefly described as follows:

Count 1: Conspiracy to Defraud the United States, 18:371; Count 2: Tax Evasion 2009, 26:7201 and 18:2; Count 3: Tax Evasion 2010, 26:7201 and 18:2; Count 4: Making and Subscribing a False Return - 2009, 26:7206(1) and 18:2; Count 5: Making and Subscribing a False Return - 2010, 26:7206(1), and 18:2; Count 6: Obstruction of IRS Audit - 26:2712(a) and 18:2



Date: 04/05/2016

*Issuing officer's signature*

City and state: St. Paul, MN

Leah E. Gilgenbach, Deputy Clerk  
*Printed name and title*

### Return

This warrant was received on (date) \_\_\_\_\_, and the person was arrested on (date) \_\_\_\_\_  
at (city and state) \_\_\_\_\_.

Date: \_\_\_\_\_

*Arresting officer's signature*

*Printed name and title*

**This second page contains personal identifiers provided for law-enforcement use only  
and therefore should not be filed in court with the executed warrant unless under seal.**

*(Not for Public Disclosure)*

Name of defendant/offender: \_\_\_\_\_

Known aliases: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Prior addresses to which defendant/offender may still have ties: \_\_\_\_\_

Last known employment: \_\_\_\_\_

Last known telephone numbers: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, tattoos, other distinguishing marks: \_\_\_\_\_

History of violence, weapons, drug use: \_\_\_\_\_

Known family, friends, and other associates (*name, relation, address, phone number*): \_\_\_\_\_

FBI number: \_\_\_\_\_

Complete description of auto: \_\_\_\_\_

Investigative agency and address: \_\_\_\_\_

Name and telephone numbers (office and cell) of pretrial services or probation officer (*if applicable*): \_\_\_\_\_

Date of last contact with pretrial services or probation officer (*if applicable*): \_\_\_\_\_